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INDIANA TOBACCO PREVENTION AND CESSATION EXECUTIVE BOARD REQUEST FOR REGIONAL VOICE HUB GRANT APPLICATIONS July 15, 2004

The Indiana Tobacco Prevention and Cessation Executive Board (ITPC) announces the availability of a total of \$360,000 in funds to support regional grants for the development of four additional VOICE Hubs to complement statewide tobacco prevention and cessation efforts. The funding period is from September 1, 2004 – August 31, 2005.

Background

The Indiana Tobacco Use Prevention and Cessation Trust Fund (Trust Fund) and Executive Board (ITPC) were created by the Indiana General Assembly in the spring of 2000 and are governed by IC 4-12-4 (for information on Indiana Code access www.state.in.us/legislative/ic/code/). The ITPC was funded to establish a comprehensive, coordinated tobacco prevention and cessation program for the State of Indiana.

ITPC represents key organizations with a history of tobacco prevention and cessation programs, experts in tobacco prevention and cessation, health experts from all parts of Indiana, and state agencies whose mission includes a focus on tobacco prevention and cessation efforts.

VOICE, Indiana youth speaking out against tobacco, is Indiana's youth tobacco prevention and empowerment movement. The movement is youth-led and focuses on middle and high school age youth. The ITPC Executive Board approved the development of regional VOICE hubs to enhance the infrastructure of the VOICE movement.

Mission

The Trust Fund exists to prevent and reduce the use of all tobacco products in Indiana and to protect citizens from exposure to tobacco smoke. ITPC coordinates and allocates resources from the Trust Fund according to their *mission* to:

- Change the cultural perception and social acceptability of tobacco use in Indiana
- Prevent initiation of tobacco use by Indiana youth
- Assist tobacco users in cessation
- Support the enforcement of tobacco laws concerning the sale of tobacco to youth and use of tobacco by youth; and
- Eliminate minority health disparities related to tobacco use and emphasize prevention and reduction of tobacco use by minorities, pregnant women, children, youth, and other at-risk populations.

ITPC maintains a process-based and outcomes-based evaluation of funded programs and will keep State government officials, policymakers, and the general public informed.

2005 Objectives

ITPC has developed objectives and a model for Indiana's comprehensive tobacco prevention and cessation based on the CDC's Best Practices for Tobacco Prevention and Control and based on The Healthy People 2010 risk reduction objectives. ITPC 2005 objectives are:

- 1) Decrease the overall cigarette smoking rate in Indiana from 27% to 22%.
- 2) Decrease the current cigarette smoking rates among 9th to 12th grade students in Indiana.
- 3) Decrease the cigarette smoking rates among 6th to 8th grade students in Indiana.
- 4) Decrease the percent of babies born to mothers who smoked during pregnancy in Indiana from 21% to 15%.
- 5) Increase the number of individuals who have access to a smoking cessation benefit through their health insurance coverage.
- 6) Increase the number of smokers who receive smoking cessation advice and support when they visit their primary care providers.
- 7) Increase the percentage of retail merchants who are in compliance with youth access laws.
- 8) Decrease the percentage of children exposed to secondhand smoke in their homes.
- 9) Increase the percentage of schools with policies prohibiting tobacco products on their premises.
- 10) Increase the percentage of colleges and universities that have a policy requiring smoke-free dormitories and buildings.
- 11) Increase the percentage of day care centers with policies prohibiting tobacco products on their premises.
- 12) Increase the percentage of individuals who work in a smoke-free environment.
- 13) Increase the percentage of restaurants that are totally smoke-free.
- 14) Monitor the percent of hospitalization admissions attributable to smoking or tobacco use-related illnesses.
- 15) Monitor tobacco-related deaths.
- 16) Monitor tobacco consumption.
- 17) Measure knowledge and attitudes related to tobacco.
- 18) Reduce health care expenditures.
- 19) Monitor the number and type of tobacco-related ordinances.

Progress to date on the 2005 objectives can be found in the 2002-2003 ITPC annual report <http://www.in.gov/itpc/research.asp>.

The Hoosier Model for Comprehensive Tobacco Prevention and Cessation is derived from the Best Practices for Tobacco Control model outlined by the Centers for Disease Prevention and Control (CDC) and required by I.C. 4-12-4. In addition, guidance is provided through recommendations outlined in the Guide to Community Preventive Services for Tobacco Control Programs. The Hoosier Model has five major categories for funding and incorporates elements from categories recommended by the CDC.

The Hoosier Model consists of:
Community Based Programs
Statewide Media Campaign
Enforcement
Evaluation and Surveillance
Administration and Management

The Community-Based Programs incorporate minority, school, cessation and statewide programs designed to lower youth smoking, increase cessation among Hoosiers, and protect Hoosiers from secondhand smoke. Grants are provided in three categories:

1. Community-Based Partnerships (awarded at the county level through an RFP process in fall 2003)
2. Minority-Based Partnerships (awarded at the local and state level through an RFP process in fall 2003)
3. State Partnerships (awarded at the state level through an RFP process in spring 2004)

Additional information on the Indiana Tobacco Prevention and Cessation Comprehensive Tobacco Control Plan can be found at www.itpc.in.gov.

Requests for Applications: Regional VOICE Hubs

Rationale and Focus Areas

VOICE is Indiana's youth movement against tobacco use that empowers teens to take action against the marketing practices of the tobacco industry. Since April 2002, youth from across the state have become engaged in the fight to reduce tobacco use among teens. Youth developed and branded their movement as VOICE. The movement is guided by a Youth Advisory Board that is comprised of approximately 40 high school age youth from across Indiana.

The VOICE movement is a combination of community activities and media outreach. Hoosier youth are engaged in state, regional and local events to fight tobacco use among teens. Events include Tobacco Free Kids Day at the Indiana State Fair, local fairs and festivals, school events, and events recognizing businesses and organizations that protect youth from tobacco use including smokefree businesses. Community activities are carried out through the ITPC network of community and minority partners in all of Indiana's 92 counties. Media outreach includes paid and earned media efforts coordinated through the ITPC media campaign along with a Website, www.Voice.tv, that reaches thousands of youth in Indiana.

The ITPC Executive Board approved funding for a network of VOICE regional hubs to improve coordination, communication and collaboration among ITPC partners who support youth in VOICE efforts. A total of six VOICE Hubs was approved. The first two hubs were funded beginning June 1, 2004 as part of the ITPC Statewide grants. One hub serves counties in West Central Indiana and the second hub will serve counties in East Central Indiana.

ITPC announces the availability of a total of \$360,000 in funds to support grants for four (4) additional regional VOICE hubs. The VOICE hubs are considered a part of the ITPC Community Based Program State Partnerships. The four hubs are to be located in the following areas of Indiana: Northeast Indiana, Northwest Indiana, Southeast Indiana, and Southwest Indiana.

*Please see the map on page 7 showing the potential areas encompassed by each hub.

The purpose of a VOICE Hub is to:

- Provide structured ongoing technical assistance to local VOICE movements
- Coordinate training and regional events for local VOICE movements to engage in or to enhance current efforts
- Provide a framework for implementing local and regional VOICE events based on locally-developed action plans
- Provide on-line and hard copy resources for use by local VOICE movements

- Enhance communication links to/from VOICE hubs , local VOICE movements, and ITPC
- Provide a support network for adults who are facilitating VOICE activities
- Identify local partner organizations located within the geographical hub area who would like to become a mini-grant partner
- Work with major mass media markets (TV, radio, newspapers, and others) to promote VOICE efforts
- Oversee and monitor local mini-grants requirements
- Compile and disseminate Hub calendar of events
- Act as a liaison to ITPC for materials/media/website and other needs
- Create and disseminate materials such as electronic newsletters

The funding period is from September 1, 2004 –August 31, 2005.

Who May Apply

This announcement of funding is available to public and private entities and individuals as specified in I.C. 4-12-4. To avoid any potential or perceived conflict of interest between ITPC's grant recipients and tobacco-related entities, the ITPC has adopted a contractual funding condition that requires any grantee shall not accept any grant or anything else of value from any tobacco manufacturer, distributor, or other tobacco-related entity.

How to Apply

Applicants should submit a grant request to the Indiana Tobacco Prevention and Cessation Agency using the guidelines provided in this announcement.

- ❑ **The due date for applications is August 4, 2004.**
- ❑ **Applicant must submit one original and 6 copies of the application.**
- ❑ **Applications must be received in the ITPC office, 150 W. Market St., Suite 406, Indianapolis, IN by close of business August 4, 2004.**

The application must include:

- Application Cover Sheet (form attached)
- Applicant History of Tobacco Control Experience (not to exceed 2 pages)
- Applicant History of Experience with VOICE Locally (not to exceed 2 pages)
- Applicant History of Working with Major Media Markets (not to exceed 1 page)
- Program Narrative (should address the key concepts outlined in the section titled Program Narrative (next page) and should not exceed 5 pages)
- Letters of Support (a minimum of three letters of support are required from current ITPC partners)
- Itemized and Detailed Budget (form attached)
- Budget Narrative (form attached)
- Declarations Page (form attached)
- Audited Financial Statements (This applies to any non-governmental entities. Non-governmental entities need to submit audited financial statements not over two periods old.)

A limited amount of items may be included in an Appendix including samples of VOICE activities the applicant has participated in, VOICE media coverage, and relevant staff biographies and resumes; however, there is no guarantee that these materials will be part of the review process.

Program Narrative

The following areas should be addressed in this section of the proposal in order to justify the organization's capacity to serve as host for the proposed Hub:

- Explain your system for communication with organizations within the proposed Hub that will ensure rapid distribution of information.
- Identify potential events that could serve host to regional VOICE events in the proposed Hub.
- Explain your philosophy for empowering adults as allies to work with youth.
- Identify what training needs you believe need to be addressed as part of the proposed Hub.
- Identify how VOICE will be involved in the promotion of tobacco control policy advocacy in the geographical area of the hub.
- Outline a management structure for overseeing the grant and Hub activities

Review Process

All applications submitted will under undergo a multi-stage review process that may include:

- Technical analysis by Agency staff;
- Review by the ITPC's Review Team;
- Possible presentations to the ITPC Review Team or Executive Board.

The grant award size will vary by circumstances, need, and program model. Submission of grant application, even one that meets all grant requirements, does not guarantee receipt of an award.

Review Criteria

Applications will be assessed on the basis of the following criteria:

Program narrative (30%)

The proposal should:

- ☐ Justify the organization's capacity to serve as host for the proposed Hub;
- ☐ Explain your system for communication with organizations within the proposed Hub that will ensure rapid distribution of information;
- ☐ Identify potential events that could serve host to regional VOICE events in the proposed Hub;
- ☐ Demonstrate a philosophy for empowering adults to work with youth as allies conducive with the VOICE movement;
- ☐ Identify what training needs you believe need to be addressed as part of the proposed Hub;
- ☐ Identify how VOICE will be involved in the promotion of tobacco control policy advocacy
- ☐ Demonstrate an ability to work with major media markets;
- ☐ Demonstrate an ability to galvanize youth as a strong partner;
- ☐ Explain the management structure for overseeing the grant;
- ☐ Document the applicant's agreement to complete required reporting and training as necessary by ITPC.

History of tobacco control experience (25%)

The proposal should:

- ☐ Provide evidence of organizational experience in tobacco control programs;
- ☐ Demonstrate the applicant's ability to provide sound programmatic and fiscal oversight;
- ☐ Demonstrate a strong likelihood to sustain effort after the grant period; and
- ☐ Document the applicant's agreement to complete required reporting.

History of VOICE experience (25%)

The proposal should:

- ☐ Provide evidence of organizational experience in Indiana's VOICE movement;
- ☐ Demonstrate the applicant's ability to empower youth in tobacco control;

Proposed budget and cost (10%)

The proposal should:

- ☐ Include a cost-effectiveness budget appropriate to the scope and nature of the program; and
- ☐ Demonstrate how the requested funds related to the applicant's organization budget for the current year.

Submitted letters of support (10%)

The proposal should:

- ☐ Demonstrate regional support for the applicant

Use of Funds

The ITPC expects that funds allocated through this request for proposals will only support program development, implementation, and coordination for the proposed project. A fixed indirect cost rate no more than 10% on direct cost expenditures. Indirect costs include operating and maintaining buildings, ground, and equipment; and general administrative expenses.

Declaration

It is ITPC policy that any organization or individual receiving funding from ITPC must agree as a condition of receiving funds that they will not accept any funding from the tobacco industry.

The ITPC may seek additional information from an applicant prior to or during the review of the application.

The ITPC reserves the right to negotiate a modification of the proposed work plan and or budget and will award funds after agreement has been reached.

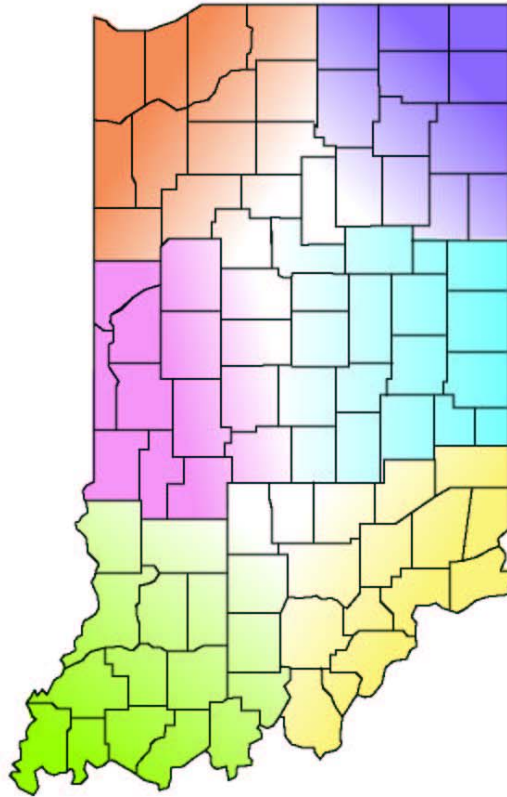
The ITPC reserves the right to examine the physical location, all books, documents, papers, accounting records, and other evidence (Records) pertaining to administration of the program upon request and copies thereof shall be furnished at no cost to ITPC. Grantees will be subject to an Indiana State Board of Accounts monitoring engagement per ITPC's request.

Technical Assistance

Applicants should submit questions in writing or by email regarding proposals to the ITPC by 4:00 July 23. All questions and answers will be posted on the ITPC website at www.itpc.in.gov. Questions should be submitted to:

Celesta Bates, ITPC
150 W. Market Street, Suite 406
Indianapolis, IN 46204
(317) 234-1786 (FAX) email: cbates@itpc.in.gov

VOICE Regions Map



Indiana Tobacco Prevention and Cessation Program Regional VOICE Hub_____

Application Cover Sheet

Agency Information

Lead Agency Name:

Lead Agency Contact, Director or CEO:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

Email:

Federal Identification Number: _____

Primary Contact Information

Primary Contact Address if different from above:

City:

State:

Zip Code:

Telephone:

Fax:

Email:

Signature of Primary Contact:

Proposal Information

Funding requested : \$

Voice Hub Statewide Partnership 2004-2005 Budget Worksheet

	Expenses
1. Personnel	
a. Salaries/Wages %FE Annual Salary Wage #Months Total	
1. (Hub Coordinator)	
2. (Position Title)	
TOTAL SALARIES/WAGES >	
b. Fringe Benefits	
1. (Hub Coordinator)	
2. (Position Title)	
TOTAL FRINGE BENEFITS >	
2. Travel	
a. Hub Coordinator local travel (#miles/month x # months x .34/mile)	
b.	
TOTAL TRAVEL >	
3. Supplies	
a. Office Supplies and Misc Expenses	
b. Printing & Copies	
c. Training Supplies (chart paper, markers, team-building supplies \$ per training X number of trainings per grant period)	
d. Voice Regional Event supplies \$ X number of events per grant period (recommend 2-3 between now and end of grant cycle)	
4. Contracts	
a. Mini-grants (see example) (estimate 12 grants @ 2,000 each)	
b. Voice Regional Events sub contracts \$ X number of events (recommend 2 -3)	
c. Other subcontracts	
TOTAL SUBCONTRACTS >	
5. Other	
a. Rent, Utilities, Hub Office Expense (based on % of office space to be used for Voice Hub)	
b. Office Phone and fax for Hub Coordinator	
c. Conference calls (number of calls X cost)	
d. Cellular phone based on actual minutes used	
TOTAL OTHER>	
6. Furniture & Equipment	
a. Computer & Printer for Hub Coordinator	
b. Other Office Equipment	
TOTAL FURNITURE & EQUIPMENT >	
TOTAL DIRECT COSTS>	
7. INDIRECT COSTS (Include if you have an indirect cost component. Maximum of 10% of the total direct cost requested is allowed.)	
TOTAL AMOUNT REQUESTED	

Note: 1. Line items must be explained in a narrative Budget Justification
2. Costs such as central services, rent, and accounting can be budgeted in either #5 or #7, but not both.

Statewide and Regional Programs Budget Narrative

- Personnel:** (List positions here, Summary of job description or responsibilities should be detailed on additional attached sheets with one job description per attached sheet)
- Hub Coordinator, provide the percentage of Full Time Equivalent (FTE) hours to be spent on Voice Activities, example 50% FTE. Etc.
- Travel:** (List anticipated travel here. The detailed information of each event/conference should include; rationale for attending and anticipated follow-up from your attendance. Please attach detail on separate sheets, one event/conference per page. Please follow additional guidelines in instructions.)
- Supplies:** (explain the type and use of the educational and promotional supplies in your Program. List the different types of supplies on separate line items for example, office supplies, educational supplies, and promotional items, if any. If different types of supplies are not specifically listed ITPC will consider any unspecified line item of supplies as program oriented education supplies only.)
- Office supplies** – paper, computer ink cartridges, desk supplies, file folders, postage, etc.
- Training supplies** – Chart paper, nametags, team-building supplies, etc.
- Voice Event supplies** – paper supplies, educational materials, etc.
- Contracts:** (On separate documents for each contract, see sample mini-grant agreement included, include scope of work; including tasks and deliverables, time period of the contract, person in your organization who will supervise or manage the contract, name of contractor if known, otherwise explain method of selecting the contractor.)
- Other:** (Provide a detailed breakdown and explanation for expenditures. Costs included elsewhere in the budget cannot also be included in the other line item in the budget.)
- Furniture and Equipment:** (Explain in detail. Office furniture, equipment and computer/software and/or upgrades, provided they are reasonable expenditures relative to the work proposed. All furniture and equipment purchased over \$500.00 will remain property of the State of Indiana after the term of this grant contract.)

Summary of Travel Allowances

Overnight Travel: The subsistence allowance for in-state travel is a maximum of \$26.00 per day.

Example:

	<u>SUBSISTENCE</u> <u>IN-STATE</u>	<u>SUBSISTENCE</u> <u>OUT-OF-STATE</u>
Before 12:00 pm Departure	\$26.00	\$32.00
Between 12:00 pm and 4:30 pm Departure	\$13.00	\$16.00
After 4:30 pm Departure	\$0.00	\$0.00
Before 12:00 pm Return	\$13.00	\$16.00
After 12:00 pm Return	\$26.00	\$32.00

- Meals provided are to be listed and deducted as follows:

	<u>IN-STATE</u>	<u>OUT-OF-STATE</u>
Breakfast	\$6.50	\$8.00
Lunch	\$6.50	\$8.00
Dinner	\$13.00	\$16.00

- ONE DAY TRIPS:

	<u>IN-STATE</u>	<u>OUT-OF-STATE</u>
Gone less than 12 hours	\$0.00	\$0.00
Gone more than 12 hours	\$13.00	\$16.00
Leave before 6a.m. and return after 6p.	\$19.50	\$24.00

WHEN A MEAL IS PROVIDED, NO SUBSISTENCE WILL BE
REIMBURSED FOR THAT MEAL.

- MILEAGE

	<u>IN-STATE</u>	<u>OUT-OF-STATE</u>
First 500 miles	\$0.34	\$0.34
501 – 2500 miles	\$0.17	\$0.17

- LODGING

IN-STATE

\$79.00/\$83.00

Effective July 1, 1999, revised January 1, 2004, the maximum rate for In-State, outside of the Indianapolis Metropolitan area, lodging will be **\$79.00 per night per person plus applicable taxes** and inside of the Indianapolis Metropolitan area, lodging will be **\$83.00 per night per person plus applicable taxes**.

Indiana Tobacco Prevention and Cessation Agency (ITPC) Declarations

The ITPC policy is that any organization or individual receiving funding from ITPC must agree as a condition of receiving funds that they will not accept any funding from the tobacco industry.

The ITPC may seek additional information from an applicant prior to or during the review of the application.

The ITPC reserves the right to negotiate a modification of the proposed work plan and will award funds after agreement has been reached.

The ITPC reserves the right to examine the physical location, all books, documents, papers, accounting records, and other evidence (Records) pertaining to the administration of the community program upon request and copies thereof shall be furnished at no cost to the Indiana Tobacco Prevention and Cessation Agency.

Signing below indicates that you have read and understand these declarations. For questions and assistance please call: Indiana Tobacco Prevention and Cessation Agency at (317) 234-1787

Signature

Date

Printed Name

Regional Voice Hub _____
Lead Agency Mini-Grant Contract

County: _____ Lead Agency: _____

Grant number: _____

Lead Agency Phone: _____ Lead Agency fax: _____

Name of person with Lead Agency that will supervise or manage the mini-grant recipient: _____

Name of mini-grant recipient (agency or individual): _____

Name of responsible person with mini-grant recipient: _____

Address: _____

City: _____ Zip _____

Telephone: _____ Fax: _____ Email: _____

Time period of mini-grant contract: _____

Cost of performing mini-grant contract: _____

**** Funds received by the mini-grant recipient pursuant to this Agreement shall be used only to institute services described in the Grant Agreement between ITPC and the Lead Agency. Should it be determined by ITPC or its representative, that the mini-grant recipient has used funds inconsistent with the Grant Agreement then the Lead Agency could be required to reimburse ITPC. Should the Lead Agency be required to make such reimbursement the mini-grant recipient may be required to reimburse the Lead Agency.**

Drug-Free Workplace Certification

The Mini-Grant Recipient hereby covenants and agrees to make a good faith effort to provide and maintain a drug-free workplace. Mini-grant recipient will give written notice to the Lead Agency within ten (10) days after receiving actual notice that an employee has been convicted of a criminal drug violation occurring in mini-grant recipient's workplace.

False certification or violation of the certification may result in sanctions including, but not limited to, suspension of grant payments, termination of the subgrant agreement and/or debarment of grant opportunities with the Lead Agency and the State of Indiana for up to three years.

The mini-grant recipient certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about –
 - 1. The dangers of drug abuse in the workplace;
 - 2. The grantee's policy of maintaining a drug-free workplace;
 - 3. Any available drug counseling, rehabilitation, and employee assistance programs; and

4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment of the grant, the employee will –
 1. abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the Lead Agency in writing, within ten calendar days after receiving notice under paragraph (d) 2. from an employee or otherwise receiving actual notice of such conviction.
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) 2., with respect to an employee who is so convicted –
 1. Taking appropriate personnel action against such an employee, up to and including termination or,
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

Insert in the space provided below the site(s) for the performance of work done in connection with the specific mini-grant:

Place of Mini-Grant Performance (street address, city, county, state (IN), zip code)

_____Check if there are workplaces on file that are not identified here.

Scope of work to be performed through this mini-grant contract, including tasks and deliverables:

- 1) Submission of baseline Voice Participation data.
- 2) Attendance by Voice Adult Sponsor or designee at 2 Planning Meetings.
- 3) Attendance by Voice Adult Sponsor or designee and up to 10 youth in grades 6-12 at 4 quarterly Training events.
- 4) Implementation of 3 Local Voice Initiatives and reporting of such through completion of online action plan and activity report on or before due dates.
- 5) Participation in implementation of 1 Regional Voice Initiative and reporting of such through completion of online action plan and activity report on or before due dates.
- 6) Preparation and submission of 4 youth-created E-zine pieces on or before due dates.
- 7) Participation in project evaluation, including data collection, project summary data and, if requested, a broader evaluation of the hubs.
- 8) Completion and submission of Local Group Profile and Sustainability Plan by project end date.
- 9) Submission of project-end Voice Participation data.

Funds will be disbursed in 2 equal installments during the project year in November and March, provided deliverables are met, including required reporting, prior to the 1st day of the month in which each disbursement is to take place.

Signature of primary contact with Lead Agency:_____

Date:_____

Signature of responsible person with the mini-grant recipient:_____

Date:_____

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Please print or type	Name (See Specific Instructions on page 2.)	
	Business name, if different from above. (See Specific Instructions on page 2.)	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	Address (number, street, and apt. or suite no.)	
	City, state, and ZIP code	Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)

Part III Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign
Here

Signature of
U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: See the chart on this page for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office. Get Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site at www.irs.gov.

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all

such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Part II—For U.S. Payees Exempt From Backup Withholding

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the separate Instructions for the Requester of Form W-9.

If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write "Exempt" in Part II, and sign and date the form.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

Part III—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified state tuition program payments, IRA or MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to

report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payors must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

